

LACDMH Medi-Cal Specialty Mental Health Services Fee-for-Service Individual or Group Contract Checklist

You will be eligible to begin providing services and receive reimbursement only after you have received an executed Agreement approved and signed by the Director of Mental Health. Your copy of the executed Agreement will have an effective date, which indicates when you may begin providing services reimbursable by DMH.

Agreements received without the required documents listed below will not be processed until the required documents are received. **We are unable to enter into a contract with you if any of the forms or documents received are incomplete, or are not current. This will impact the date you are eligible for reimbursement.**

_____ Credentialed with the LMHP:

Review the Provider Manual, Fifth Edition, July 2014

http://lacdmh.lacounty.gov/hipaa/documents/Network_Provider_Manual_5th_Edition_July_2014.pdf

Reimbursement rates to Fee-for-Service providers can be found in the [Provider Manual](#), Fifth Edition, July 2014, Section IX, Attachment I.

For group agreement, **all members of the Group** who provide Medi-Cal specialty mental health services under the group agreement must complete an individual provider application and be credentialed.

Credentialing instruction and application can be found in the [Provider Manual](#), Fifth Edition, July 2014, Section II, Attachment III.

The following items are required before entering into any contract agreement

_____ Insurance Certificates: Submit proof of current insurance. Submit **Annually** to:

**Contracts Development and Administration Division
550 S. Vermont Ave., 5th floor, Los Angeles, CA 90020**

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|---------------------------------|---|
| 1. Commercial General Liability | <u>Limits:</u>
<u>\$2 Million</u> General aggregate
<u>\$1 Million</u> Products/Completed Operation Aggregate
<u>\$1 Million</u> Personal and Advertising Injury
<u>\$1 Million</u> Each occurrence |
|---------------------------------|---|

Endorsement County of Los Angeles shall be named as additional insured on General Liability coverage.

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| 2. Automobile Liability | <u>\$1 Million</u> Each accident
Insurance shall include coverage for all "owned", "hired" and "non-owned" vehicles, or coverage for "any auto." |
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| 3. Professional Liability | <u>\$1 Million</u> Each occurrence and <u>\$3 Million</u> aggregate |
| 4. Sexual Misconduct Liability | <u>\$2 Million</u> Each occurrence and <u>\$2 Million</u> aggregate |
| 5. Workers' Compensation
or self-insurance meeting
all requirements | <u>\$1 Million</u> Each accident
Needs to satisfy the qualified federal workers or
workmen's compensation law or any
federal requirements occupational disease law. |

Insurer's Financial Ratings

Insurance is to be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.

Termination of insurance

County shall be notified within 30 days in advance of any modification or termination of any program of insurance.

- _____ **Contractor Address Form:** Must include an address where the provider can be reached and contact information such as email address, phone and fax number.
- _____ Name(s) of person(s)/position(s) legally authorized to sign contract and legally bind your agency (on contractor's letterhead).
- _____ Statement of Information listing corporate officers as filed with the California Secretary of State (if applicable).
- _____ **Registration record of Fictitious Business Name** (dba) with County Registrar-Recorder (if applicable).
- _____ **Articles of Incorporation** issued by the Secretary of State, Amendments (if applicable).
- _____ **By-Laws and Amendments** (if applicable).
- _____ **Community Business Enterprise Program Form** (If applicable).
- _____ **Corporate Seal** (If applicable).
- _____ **WebVen number (when the contract is under a Federal Employment Identification Number). Provider is to register as a vendor** with the County of Los Angeles, Internal Services Department (ISD) at the following website address: <http://camisvr.co.la.ca.us/webven/>
- _____ **AGENCY IDENTIFICATION FORM.**